



Due By April 30, 2010

ID#80464

09 FS-1

# Rhode Island Ethics Commission

## 2009 YEARLY FINANCIAL STATEMENT

LEONIDAS P RAPTAKIS  
2080 NOOSENECK HILL ROAD  
COVENTRY RI 02816-0000

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RHODE ISLAND  
ETHICS COMMISSION  
10 MAY -3 PM 1:14

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009  
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO  
STATE. ANSWERS SHOULD BE PRINTED OR TYPED,** and additional sheets may be used if more space is needed.  
For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. RAPTAKIS LEONIDAS P  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 2080 NOOSENECK HILL ROAD COVENTRY RI 02816  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:  
STATE SENATOR DISTRICT 33 COVENTRY EAST GREENWICH  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

NOVEMBER 4 2008  
I was elected on \_\_\_\_\_ I was appointed on 1/6/2009 I was hired on \_\_\_\_\_  
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation \_\_\_\_\_

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)  
STATE SENATOR DISTRICT 33

5. List the following: NAME OF SPOUSE

DONNA MARIE RAPTAKIS

ALEXANDRA MARIE RAPTAKIS  
NICHOLAS PETER RAPTAKIS

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
LEONIDAS P RAPTAKIS	VENUS PIZZA INC 2080 NOOSENECK HILL ROAD COVENTRY RI 02816	1979- Present OWNER
11	STATE OF RI PROVIDENCE RI 02920	STATE SENATOR 1997
DONNA MARIE RAPTAKIS	TOWN OF COVENTRY 7 FOSTER DRIVE COVENTRY RI 02816	Principal 1996 - PRESENT

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
LEONIDAS P RAPTAKIS	2080 NOOSENECK HILL ROAD	
PETER RAPTAKIS FAMILY TRUST	COVENTRY R.I 02816	HOME AND COMMERCIAL BLDGS.

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: \_\_\_\_\_

NAME OF TRUSTEE AND ADDRESS: \_\_\_\_\_

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
LEONIDAS P. Raptakis	VENUS PIZZA INC	PRESIDENT
2080 NOOSENECK HILL ROAD	2080 NOOSENECK HILL RD.	
COVENTRY RI 02816	COVENTRY RI 02816	

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

NONE

NONE

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

LEONIDAS P Reptakis

VENUS PIZZA INC  
2080 NOOSENECK HILL ROAD  
COVENTRY RI 02816

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

NONE

NONE

NONE

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

NOT APPLICABLE

NON - APPLICABLE

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

NONE

NONE

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

NONE

NONE

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NONE

NONE

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

  
SIGNATURE

State of Rhode Island

County of KENT

Subscribed and sworn to before me at Coventry this 30th day of April 2010.

My Commission expires: 03-15-2011

  
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY  
QUESTION IS NOT ANSWERED.

**MARIA G. SHANK**  
NOTARY PUBLIC

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RHODE ISLAND  
ETHICS COMMISSION  
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**GENERAL OFFICER ADDENDUM**  
**TO 2009 FINANCIAL DISCLOSURE STATEMENT**

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

(check one)

Name of Source:

Venus Pizza Inc.

Address:

2080 NOOSENECK HILL RD

COVENTRY RI 02816

Description:

President

☐ Not more than \$1,000

☒ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

(check one)

Name of Source:

State of Rhode Island

Address:

Smith Street

Providence RI

Description:

State Senator D-33

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☒ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island

County of

Kent

Signed

Date

[Signature] 8-23-2010

Subscribed and sworn to before me at

CCU

on the following date:

8/23/10

My Commission Expires:

NICOLE S. MALLOZZI

NOTARY PUBLIC

COMMISSION EXPIRES: 5/1/2011

NOTARY ID # 00001

[Signature]  
Signature of Notary Public

(attach additional sheets if necessary)

Continuation of General Officer Addendum to 2009 Yearly Financial Statement:

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: Danna M Reptakes  
Town of Coventry

Address: \_\_\_\_\_  
Coventry RI 02816

Description: School Principal  
\_\_\_\_\_

- ☐ Not more than \$1,000  
☐ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☒ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

- ☐ Not more than \$1,000  
☐ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

- ☐ Not more than \$1,000  
☐ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000